

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>EW</i>	<i>32</i>	<i>3/7</i>
FORMALITY REVIEW	<i>EX</i>	<i>706</i>	<i>B-20-01</i>
RESPONSE FORMALITY REVIEW	<i>LR</i>	<i>ECB</i>	<i>09/11/01</i>

### INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral) Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	0
6	0
7	0
8	✓
9	✓
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14	✓
15	=
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24	=
25	✓
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31	✓
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33	✓
34	0
35	÷
36	0
37	✓
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42	✓
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Claim	Date
Final Original	
51	=
52	=
53	✓
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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H3  
3-20-01